Only

PAGE 1/6

STATEMENT OF **FEC ORGANIZATION** FORM 1 Office Use Only NAME OF Example: If typing, type (Check if name 12FE4M5 COMMITTEE (in full) over the lines. is changed) Maxar Technologies Holdings Inc. PAC/fka Space Systems/Loral Inc PAC 3825 Fabian Way ADDRESS (number and street) M/S AC1 (Check if address is changed) Palo Alto 94303 CA CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS theresa.harrah@sslmda.com (Check if address is changed) Optional Second E-Mail Address dirk@campaignfinancesolutions.com COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 2017 C00452243 FEC IDENTIFICATION NUMBER 3. IS THIS STATEMENT NEW (N) OR AMENDED (A) I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete. Kley, Michelle, , Ms, Type or Print Name of Treasurer Kley, Michelle, , Ms, [Electronically Filed] 15 2017 Signature of Treasurer Date NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS. Office For further information contact: FEC FORM 1 Federal Election Commission Use (Revised 06/2012)

Toll Free 800-424-9530

Local 202-694-1100

-	FC Fo	rm 1 (Revised 02/2009)	Page <b>2</b>
		COMMITTEE	1 aye <b>2</b>
Can	didate	e Committee:	
(a)	Ш	This committee is a principal campaign committee. (Complete the candidate information below.)	)
(b)		This committee is an authorized committee, and is NOT a principal campaign committee. (Cominformation below.)	plete the candidate
Name Cand			
Cand Party	idate Affiliati	on Office Sought: House Senate President	State
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name Cand			
Part	y Con	nmittee:	/Dama austic
(d)		This committee is a (National, State or subordinate) committee of the	(Democratic, Republican, etc.) Party.
Polit	tical A	ction Committee (PAC):	
(e)	×	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its cor	nnected organization is a
		Corporation W/o Capital Stock	Labor Organization
		Membership Organization Trade Association	Cooperative
		In addition, this committee is a Lobbyist/Registrant PAC.	
(f)		This committee supports/opposes more than one Federal candidate, and is NOT a separate secommittee. (i.e., nonconnected committee)	egregated fund or party
		In addition, this committee is a Lobbyist/Registrant PAC.	
		In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)	
Joint	t Fund	Iraising Representative:	
(g)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, at least one of which is an authorized committee of a federal candidate.	vo or more political
(h)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, none of which is an authorized committee of a federal candidate.	vo or more political
	Com	mittees Participating in Joint Fundraiser	
	1.	FEC ID number	
	2.	FEC ID number	
	3.	FEC ID number	
	4.		

FEC Form 1 (Revise	ed 02/2009)	Page 3
Write or Type Committee Na	ame	
Maxar Technol	logies Holdings Inc. PAC/fka Space Systems/Lora	al Inc PAC
6. Name of Any Connected	ed Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership	PAC Sponsor
Maxar Technologies	s Holdings Inc.	
		<u>.                                     </u>
	1 Market Plaza	
Mailing Address	Cuite 4005 Space Tours	
	Suite 4025, Spear Tower	
	San Francisco CA 94105	
	CITY STATE ZIF	CODE
Relationship: <b>x</b> Connec	ected Organization	rship PAC Sponsor
relationship.	Annuaced Committee South Fundraising Representative Leader	Ship i 710 Oponsoi
books and records.	Identify by name, address (phone number optional) and position of the person in posses n, Theresa, , Ms,	sion of committee
Full Name	,3825 Fabian Way	
Mailing Address		
	Palo Alto CA 94303	
Title or Position	CITY STATE ZIF	CODE
Assistant Treasurer		2 5744
8. <b>Treasurer:</b> List the name any designated agent (e.g	and address (phone number optional) of the treasurer of the committee; and the name g., assistant treasurer).	and address of
	Michelle, , Ms,	ı
of Treasurer	One Market Plaza	
Mailing Address		
	Suite 4025	
	San Francisco CA 94105	
Title or Position	CITY STATE ZIP	CODE
Treasurer	650   391	<sub>   </sub> 6528 <sub> </sub>

Telephone number

FEC <b>For</b> n	n 1 (Revised 02/2009)	Page <b>4</b>
Full Name of Designated Agent	Harrah, Theresa, , Ms,	
Mailing Address	3825 Fabian Way	
	Palo Alto  CITY  STATE  ZIP	CODE
Title or Position Assistant Treas	urer 650 852 Telephone number 650 852	5744
	<b>Depositories:</b> List all banks or other depositories in which the committee deposits funds, holds access or maintains funds.  Depository, etc.	counts, rents
	Wells Fargo Bank, N.A.	
Mailing Address	P.O. Box 6995	
	Portland OR 97228-6995	
	CITY STATE ZIP	CODE
Name of Bank, I	Depository, etc.	
Mailing Address		
	CITY STATE ZIP	CODE

## : 97 A = G7 9 @ G5 B9 CI G H9 L H F 9 @ 5 H9 8 HC 5 F 9 DC F H Z G7 < 98 I @ C F → H9 A = N 5 H = C B

Form/Schedule: F1N Transaction ID:

This amendment is to update the name of the Committee to reflect changes to the corporation name and address. The new Connected Organization information is detailed here along with a new Affiliated Committee. It also changes email address information.

Form/Schedule: Transaction ID:

FEC Form 1S (Revised 02/2017)

Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

Page \_\_\_\_ **of** \_\_\_\_

h). <b>Joint Fundraisi</b> r		FEC ID number	C
2.		FEC ID number	C
3.		FEC ID number	C
4.		FEC ID number	С
	Organization, Affiliated Committee, Joint Fundr	aising Representative	e, or Leadership PAC Spon
Iviaxai Tecimolog	ies Holdings Inc. PAC		
Mailing Address	1 Market Plaza		
	Suite 4025, Spear Tower		
	San Francisco	CA	94105
Relationship:	CITY A	STATE A	ZIP CODE ▲
	d Organization X Affiliated Committee	Fundraining Panragant	ativa Loadarahia BAC S
Connecte	d Organization Affiliated Committee Joint  y by name, address (phone number – optional)	Fundraising Representa	ative Leadership PAC S
Connecte		Fundraising Representa	ative Leadership PAC S
Connecte esignated Agent: Identif		Fundraising Representa	ative Leadership PAC S
Connecte esignated Agent: Identif		Fundraising Representa	Leadership PAC S
Connecte esignated Agent: Identif		Fundraising Representa	Leadership PAC S
Connecte  esignated Agent: Identif  Full Name  Mailing Address	y by name, address (phone number – optional)	Fundraising Representation	
Connecte esignated Agent: Identif	y by name, address (phone number – optional)  CITY		
Esignated Agent: Identification  Full Name Mailing Address  TITLE OR POSITION  anks or Other Depositor	y by name, address (phone number – optional)  CITY   Te	STATE A	ZIP CODE A
Connecte  esignated Agent: Identif  Full Name  Mailing Address  TITLE OR POSITION	y by name, address (phone number – optional)  CITY   Te	STATE A	ZIP CODE A
Esignated Agent: Identification Full Name  Mailing Address  TITLE OR POSITION  anks or Other Depositor aftery deposit boxes or mail arms of Bank,	y by name, address (phone number – optional)  CITY   Te	STATE A	ZIP CODE A
connecte  esignated Agent: Identification  Full Name  Mailing Address  TITLE OR POSITION  anks or Other Depositor  affety deposit boxes or maintain agency and a sepository, etc.	y by name, address (phone number – optional)  CITY   Te	STATE A	ZIP CODE A